

FORMAL CONSUMER COMPLAINT
TO

Department of Housing, Buildings & Construction
Division of Plumbing
101 Sea Hero Rd., Ste. 101
Frankfort, KY 40601-5405
Phone#: 502-573-0397 Fax#: 502-573-1058

Site of Complaint: _____
Complete Street Address City County

Owner(s) Name: _____ **Home Phone:** _____

If not same as above

Address: _____
Street or PO Box Address City County Zip

Company Name _____

Company Owner(s) Name _____ **Master License#** _____

Address: _____
Street or PO Box Address City County Zip

Company Phone: _____ **Date of Installation:** _____

Check all that applies below.

___ Plumbing Installer not licensed.

___ Incompetence of and or has a deliberate disregard and violation of the Plumbing Law, Regulations & Code.

___ Faulty Installation.

___ Other _____

___ There is currently on-going court litigation in this matter in _____ County.

I understand and agree that I may be subpoenaed to testify if a hearing is held before the Hearing Officer as a result of this formal consumer complaint.

Owner(s) Signature: _____ **Date:** _____

PLUMBING VIOLATION OR DEFICIENCY
(ADDITIONAL PAGES MAY BE USED IF NECESSARY)

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